



**THE STATE BAR OF CALIFORNIA**  
**OFFICE OF CERTIFICATION**  
180 Howard Street · San Francisco, CA 94105-1639  
(415) 538-2120 · [legalspec@calbar.ca.gov](mailto:legalspec@calbar.ca.gov)

\$: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

APPL# \_\_\_\_\_

FOR OFFICIAL USE ONLY

## LEGAL SPECIALIST EDUCATION ACTIVITY APPLICATION

Include one copy of the application and all the attachments.

Include the \$75 non-refundable filing fee.

### 1) CONTACT INFORMATION

Contact Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Web-site: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

### 2) SPECIALTY AREA

- ☐ Appellate Law    ☐ Bankruptcy Law    ☐ Criminal Law    ☐ Estate Planning Trust and Probate Law  
☐ Family Law    ☐ Immigration and Nationality Law    ☐ Taxation Law    ☐ Workers' Compensation Law

### 3) ACTIVITY

Activity Title: \_\_\_\_\_

Date and Time of Activity: \_\_\_\_\_

Number of Hours of Credit Requested: \_\_\_\_\_ (Use the Activity Content Attachment to specify category(ies) of credit.)

Is this an application for renewal?    Yes ☐    No ☐    If 'Yes', program number: \_\_\_\_\_

Are you requesting approval for audio/video tapes of this activity?    Yes ☐    No ☐

If you answered 'Yes' and the entire event is not being taped, please attach a sheet detailing which portions are being taped and how long each segment lasts.    ☐ Additional Sheet Attached

Does this activity have substantive written materials?    Yes ☐    No ☐    If yes, how many pages? \_\_\_\_\_

If this activity is over one hour in length it **MUST** be accompanied by substantive written materials to qualify for credit.

#### Promotional Materials

- ☐ Attach promotional material or an outline/description of the activity, including faculty and credentials

#### 4) ATTESTATION

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**Read, sign, and date below. Your signature MUST be original.**

I agree to comply with Section 7.0, Approval of Education Programs, of the Rules Governing the State Bar of California Program for Certifying Legal Specialists.

I agree that all educational activities offered for legal specialization educational credit shall meet the criteria for educational activities set forth in Section 7.3 of the Rules Governing the State Bar of California Program for Certifying Legal Specialists.

I agree to keep a record of attendance for six (6) years from the date of each educational offering. Information regarding attendance will be furnished to the Board of Legal Specialization (BLS) upon request by the BLS or the attendee.

I declare under penalty of perjury under the laws of the State of California that the foregoing answers and statements are true and correct.

Name: \_\_\_\_\_

Signature

Title: \_\_\_\_\_ Date: \_\_\_\_\_

#### 5) SUBMISSION CHECKLIST

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- ☐ Include the appropriate Activity Content attachment for your activity and any required enclosures.
- ☐ Enclose \$75 application fee. Make checks payable to 'The State Bar of California.'
- ☐ Attach one copy of the application and all its attachments to this original.

MAIL TO:

The State Bar of California  
Legal Specialization-Provider Approval  
180 Howard Street  
San Francisco, CA 94105-1639

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**LEGAL SPECIALIST EDUCATION ACTIVITY**  
**Appellate Law Activity Content Attachment**

**1) ACTIVITY INFORMATION** \_\_\_\_\_

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Activity: \_\_\_\_\_ Time: \_\_\_\_\_

**2) ACTIVITY CONTENT** \_\_\_\_\_

This section **MUST** be completed or the application **WILL NOT** be processed. Appellate Law educational content must fall into the following categories.

- (A) Appellate Practice
- (B) Writ Practice
- (C) Other Substantive Law

**SAMPLE**

Date	Time	A	B	C
12/01/07	9:00-4:00	1.0	2.5	2.0
Total Hours Requested				

**CERTIFICATE OF ATTENDANCE FOR CALIFORNIA LEGAL SPECIALIZATION  
EDUCATION IN APPELLATE LAW**

<b>Provider</b>	
<b>Subject Matter/Title</b>	
<b>Date &amp; Time of Activity</b>	
<b>Location</b>	
<b>Length of Activity</b>	

California Legal Specialization credit was offered in the following areas:

AREA	HOURS OFFERED BY PROVIDER	HOURS CLAIMED BY PARTICIPANT
Appellate Practice		
Writ Practice		
Other Substantive Law		
<b>TOTAL HOURS OFFERED/CLAIMED</b>		

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***To be completed by the attorney after participation in the above-named activity:***

By signing below, I certify that I participated in the activity described above and am entitled to claim California Legal Specialization credit as indicated in the "Hours Claimed by Participant" column.

Name: \_\_\_\_\_  
PRINT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reminder: If the provider has not been granted credit for a particular area, you cannot claim credit for that area. Keep this record of attendance for at least one year from the date the California Board of Legal Specialization acts on your application for certification or recertification. In the event that you are audited by the Board, you may be asked to submit this record of attendance.

## RECORD OF ATTENDANCE FOR CALIFORNIA LEGAL SPECIALIZATION EDUCATION IN APPELLATE LAW

<b>Provider</b>	
<b>Subject Matter/Title</b>	
<b>Date &amp; Time of Activity</b>	
<b>Location</b>	
<b>Length of Activity</b>	

**ELIGIBLE LEGAL SPECIALIZATION CREDIT:**

AREA	HOURS
Appellate practice	
Writ practice	
Other substantive law	
<b>TOTAL HOURS OFFERED</b>	

[illegible]